| UNITED STATES HOUSE OF REPRESENTATIVES For use by Members | Page 1 or / ers, officers, and employees | LEGISLATIVE RESOURCE CENTER |
|---|--|--|
| | | W 2008 HAY 15 ANTH: 02 |
| Steve J. Israel | 202-225-3335 | |
| (Full Name) | (Daytime Telephone) | (Office Use Only) |
| Filer Wember of the U.S. State: NY Officer Or Emplo Status House of Representative District: 02 Employee | Employing Office: | A \$200 penalty shall be assessed against anyone who files |
| Report Type Termination Date: Type Termination | Date: | more than 30 days |
| PRELIMINARY INFORMATION ANSWER EACH OF THESE QUESTIONS | | |
| Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 Yes VI. the reporting period (i.e., aggregating more to exempt)? If yes, complete and attach Schedule I. | Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$335 and not otherwise exempt)? If yes, complete and attach Schedule VI. | otherwise Yes ∴ No ✓ |
| Did any individual or organization make a donation to charity in lieu of II. paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II. Did you, your spouse, or a dependent child reporting VIII. or reimbursements for travel in the reporting \$335 from one source)? If yes, complete and attach Schedule VII | Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$335 from one source)? If yes, complete and attach Schedule VII. | able travel ye than Yes ✓ No |
| Did you, your spouse, or a dependent child receive "unearned" income of the more than \$200 in the reporting period or hold any reportable asset worth Yes VIII. current calendar year? If yes, complete and attach Schedule III. | able positions on or before the date of filing in the attach Schedule VIII. | filing in the Yes No V |
| Did you, your spouse, or dependent child purchase, sell, or exchange any IX. entity? IV. reportable asset in a transaction exceeding \$1,000 during the reporting Yes V No IX. entity? period? | Did you have any reportable agreement or arrangement with an outside entity? | n outside Yes [] No [|
| complete and attach Schedule IV. your spouse, or a dependent child have any reportable liability Yes V No | ff yes, complete and attach Schedule IX. Each question in this part must be answered and the appropriate | d and the appropriate |
| EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION ANSWER EACH OF THESE QUESTIONS | EACH OF THESE QUE | STIONS |
| Trusts- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? | fiting you, your spouse, or depend | ted Yes □ No ☑ |
| Exemptions— Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Standards of Official Conduct. | ilities of a spouse or dependent ch onsulted with the Committee on | nild Yes No 🗸 |

SCHEDULE 1 - EARNED INCOME

Name Steve J. Israel

Page 2 of 7

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000.

| Source | Туре | Amount |
|-----------------------------|---------------|--------|
| Suffolk County Family Court | Spouse Salary | n/a |

| Identify (a) fair market (b) any other (b) any other \$200 in "unuprovide a continue funds (do nuplans (such have the poprovide the that exceeds self-directed the end of the publicly trace activities, and information. Exclude: You debt owed the parent or sill accounts; a Government of your spoon optional colors. | Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other assets or sources of income which generated more than \$200 in "unearned" income during the year. For rental property or land, provide a complete address. Provide full names of stocks and mutual funds (do not use ticker symbols). For all IRAs and other retirement plans (such as 401(k) plans) that are self directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value and income information on each asset in the account that exceeds the reporting threshold. For retirement plans that are not self-directed, name the institution holding the account and its value at the end of the reporting period. For an active business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. For additional information, see the instruction booklet. Exclude: Your personal residence(s) (unless there is rental income); any deposits totaling \$5,000 or less in personal savings accounts; any financial interest in or income derived from U.S. Government retirement programs. NYS Retirement Account (not self-directed) NYS Retirement Account (not self-directed) Oppenheimer Funds Portfolio Series. Active allocation Fund A U.S. Naval Institute | Value at close year. If valuation than fail please a method asset wincluded it is gen the value "None." \$15,0 \$50,0 \$0 \$15,0 \$15,0 \$15,0 | Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it is generated income, the value should be "None." \$15,001 - \$50,000 \$15,001 - \$50,000 None | Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year. None None Other: (Please specify)/book Royalties | For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated. n/a NONE \$2,501 - \$5,000 | Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
|--|--|--|---|--|---|---|
| Ass | set and/or Income Source | | Year-End | Type of Income | Amount of Income | Transaction |
| ASS Identify (a) of fair market (b) any other spool in "una provide a confunds (do not plans (such have the poprovide the end of the end of the end of the publicly trace activities, are information. Exclude: You debt owed the parent or sill accounts; a Government of your spool of your spool of the end of your spool of the end of your spool of the end of the end of your spool of your spool of the end of your spool of the end of your spool of your spool of the end of your spool of your your your your your your your your | Asset and/or income Source (a) each asset held for investment or production of income with a rket value exceeding \$1,000 at the end of the reporting period, and other assets or sources of income which generated more than "unearned" income during the year. For rental property or land, a complete address. Provide full names of stocks and mutual do not use ticker symbols). For all IRAs and other retirement such as 401(k) plans) that are self directed (i.e., plans in which you the power, even if not exercised, to select the specific investments), the value and income information on each asset in the account ceeds the reporting threshold. For retirement plans that are not to fithe reporting period. For an active business that is not y traded, state the name of the business, the nature of its sa, and its geographic location in Block A. For additional ation, see the instruction booklet. e: Your personal residence(s) (unless there is rental income); any ved to you by your spouse, or by your or your spouse's child, or sibling; any deposits totaling \$5,000 or less in personal savings its; any financial interest in or income derived from U.S. ment retirement programs. o choose, you may indicate that an asset or income source is that spouse (SP) or dependent child (DC) or is jointly held (JT), in the | Valuat cic year. Yalua than pleas metha metha incluing the valuation of th | Year-End lue of Asset use of reporting If you use a ation method other fair market value, se specify the od used. If an t was sold and is ded only because generated income, alue should be ie." | Type of Income Check all columns that apply. For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA". For all other assets including all IRAs, indicate the type of income by checking the appropriate box below. Dividends and Interest, even if reinvested, should be listed as income. Check "None" if asset did not generate any income during the calendar year. | Amount of Income For retirement plans or accounts that do not allow you to choose specific investments, you may write "NA" for income. For all other assets, including all IRAs, indicate the category of income by checking the appropriate box below. Dividends and interest, even if reinvested, should be listed as income. Check "None" if no income was earned or generated. | Transaction Indicate if asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year. |
| | NYS Retirement Account (not | \$ | .001 - | n/a | n/a | |
| | NYS Retirement Account (not self-directed) | \$15 \$50 | ,001 - | n/a | n/a | |
| SP | NYS Retirment Account (not self-directed) | \$15 \$50 | ,001 - ,000 | n/a | n/a | |
| | Oppenheimer Funds Portfolio Series. Active allocation Fund A | Nor | ਜ ਿ | None | NONE | S |
| | U.S. Naval Institute | inde | efinite | Other: (Please specify)/book Royalties | \$2,501 - \$5,000 | |

SCHEDULE IV - TRANSACTIONS

Name Steve J. Israel

Page 4 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Provide a brief description of any exchange transaction. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.

| J C S | Asset | Type of Transaction | Date | Amount of Transaction |
|-------|--|------------------------|----------|-----------------------|
| | Oppenheimer Funds Portfolio Series. Active allocation Fund A | S | 01/07/08 | \$1,001 - \$15,000 |

Page 5 of 7

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless all or part of it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report "revolving charge accounts" (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. **SCHEDULE V - LIABILITIES** Name Steve J. Israel

| SP, DC, | Creditor | Type of Liability | Amount of Liability |
|------------|-----------------------------------|-------------------|---------------------|
| SP | Xpress Loan Servicing (Cit Group) | Student Loan | \$15,001 - \$50,000 |

SCHEDULE VII - TRAVEL PAYMENTS AND REIMBURSEMENTS

Name Steve J. Israel

Page 6 of 7

the Foreign Gifts and Decorations Act (5 U.S.C § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor. Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$335 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the

| Source | Date(s) | Point of Departure DestinationPoint of Return | Lodging? (Y/N) | Food? (Y/N) | Was a Family Food? Member Included? (Y/N) (Y/N) | Days not at sponsor's expense |
|--------------------------------|------------------|--|-------------------|----------------|---|-------------------------------|
| Arab Republic of Egypt (MECEA) | Jan. 2-7 2008 | NY-Cairo-NY | Υ | ~ | Z | None |

FOOTNOTES

Name Steve J. Israel

Page 7 of 7

Number Schedule IV Section / Schedule Sale of Oppenheimer was sold for a loss Footnote Oppenheimer This note refers to the following item